

JAN 25 1941
Registration District No. **5179a**

Primary Registration District No. **954**

Registrar's No. **9**

1. PLACE OF DEATH:

(a) County **Reynolds**
(b) City or town **Reynolds**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Carroll**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 year** (Specify whether years, months or days) **2**

3. (a) PRINT FULL NAME **Lenord Watson**

3. (b) If veteran, name war **7** 3. (c) Social Security No. **X**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Wattie Watson** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Jan 15 1875** (Month) (Day) (Year)

8. AGE: Years **65** Months **10** Days **6** If less than one day hr. min.

9. Birthplace **Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Cross & James Tins**

12. Name **Wm Watson**

13. Birthplace **Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Mary Jordan**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Velma Russell**

(b) Address **Ste. Genevieve Mo.**

17. (a) **Burial** (b) Date thereof **11 / 24 / 1940** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bunker Cemetery**

18. (a) Signature of funeral director **Johnson & Leatham**

(b) Address **Salem Mo.**

19. (a) **Nov. 23 1940** (b) **W. H. Johnson** (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Reynolds**
(c) City or town **Reynolds** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) If foreign born, how long in U. S. A. **7** years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **22** year **1940** hour **10** minute **35** P. M.

21. I hereby certify that I attended the deceased from **Nov. 3 1940** to **Nov. 22 1940**
that I last saw him alive on **Nov. 10 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral regurgitation of heart.**
Due to **Also high blood pressure**

Due to **0**
Other conditions (Include pregnancy within 3 months of death) **92W**

Major findings:
Of operations **0**
Of autopsy **0**
PHYSICIAN **0**
Underline (the cause to which death should be charged statistically).

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **0**

(b) Date of occurrence **0**

(c) Where did injury occur? (City or town) (County) (State) **0**

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **0**

(Specify type of place) While at work? (e) Means of injury **0**

23. Signature **L. L. Hanson** (M. D. or other) **1**

Address **Bunker, Mo** Date signed **0**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

H D Holbrook....., Registered Apprentice No.....
working under my personal supervision.

Signed..... H D Holbrook

Licensed Embalmer No. 928

P. O. Address Salem Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank: